


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N19105	
1. Entity Name SILVERLEAF HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business 3515 SILVERGATE WAY PENSACOLA, FL 32504 US	Mailing Address SILVER LEAF HOMEOWNERS ASSOC INC P O BOX 30344 PENSACOLA, FL 32503 US
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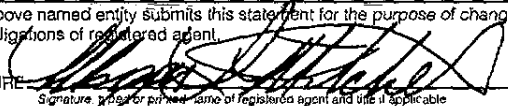
07182005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3144698	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MITCHELL, MORGAN L 3515 SILVERGATE WAY PENSACOLA, FL 32504

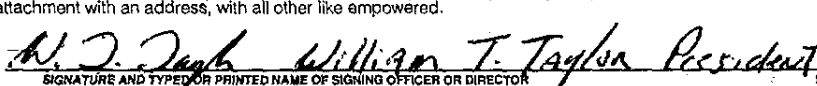
DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 7/19/05

Filing Fee is \$81.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TAYLOR, WILLIAM 3508 SILVERGATE WAY PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR MITCHELL, MORGAN 3515 SILVERGATE WAY PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD NEEL, TOMMY 4103 ARGENTA WAY PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SMITH, CASSY 3513 SILVERGATE WAY PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: 	DATE: 7/18/05 DAYTIME PHONE: 850-293-4397